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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No. 004770.00146	
	First Inventor	Lysaa BRITT et al.
	Title	System and Method for Service Naming and Related Directory Structure in a Mobile Data Network
	Express Mail Label No.	

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

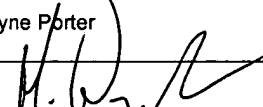
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification (Total Pages 51) <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets 15) 5. Oath or Declaration (Total Pages 2) <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an **Application Data Sheet** under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
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Name (Print/Type)	H. Wayne Porter	Registration No. (Attorney/Agent)	42,084
Signature		Date	December 9, 2003

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**FEE TRANSMITTAL
for FY 2004**

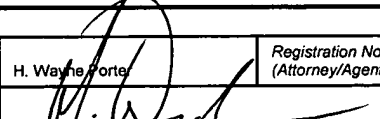
Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1640**Complete if Known**

Application Number	TBA
Filing Date	December 9, 2003
First Named Inventor	Lysaa BRITT et al.
Examiner Name	TBA
Art Unit	TBA
Attorney Docket No.	004770.00146

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																							
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unavoidable</td><td></td></tr><tr><td>1453 1,330</td><td>2453 665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501 1,330</td><td>2501 665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502 480</td><td>2502 240</td><td>Design issue fee</td><td></td></tr><tr><td>1503 640</td><td>2503 320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460 130</td><td>1460 130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807 50</td><td>1807 50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806 180</td><td>1806 180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021 40</td><td>8021 40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr><tr><td>1809 770</td><td>2809 385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810 770</td><td>2810 385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801 770</td><td>2801 385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802 900</td><td>1802 900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="3">Other fee (specify) _____</td><td></td></tr><tr><td colspan="3">*Reduced by Basic Filing Fee Paid</td><td></td></tr><tr><td colspan="3">SUBTOTAL (3)</td><td>(\$ 40)</td></tr></tbody></table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1051 130	2051 65	Surcharge - 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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	H. Wayne Porter	Registration No. (Attorney/Agent)	42,084	Telephone	202-824-3274
Signature				Date	December 9, 2003

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